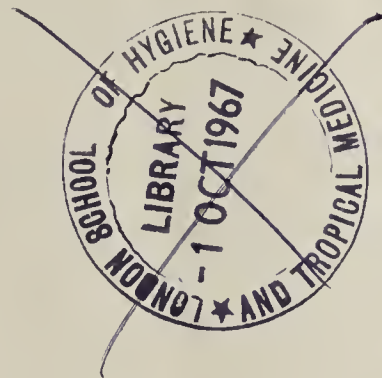




WARWICKSHIRE COUNTY COUNCIL.

Education Committee.



# ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

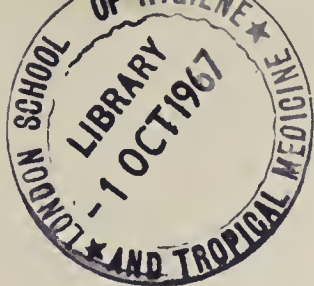
1966.

August, 1967.

# Annual Report of the Principal School Medical Officer, 1966.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the health of the schoolchild in Warwickshire during 1966.

The general level of health of the children is pleasingly high, and the only real problem is the fairly static one of those who have the misfortune to be born with, or to develop, minor and major defects. The detection of these defects at an early stage is one of the functions of the School Medical Officer; another important duty is making the correct assessment of the child's educational needs.

At the present time, the whole pattern of medicine in this country is changing. There is a very strong trend towards the grouping together of doctors in general practice, each group having the care of a localised section of the population. There is also a trend towards attaching local authority health visitors to group practices of this kind. In Warwickshire we are already seeing the introduction of this change of pattern in the north-western part of the County, where, at Chelmsley Wood, a new town is being developed to accommodate 60,000 people transferring from Birmingham. It is intended that this new area shall have four neighbourhood medical units, each comprising five general practitioners who will care for a population of 15,000 and having two health visitors attached to it.

The effect of this on the School Health Service could be quite dramatic, since it will mean that the health visitors attached to each practice will attend to its child patients not only in the surgery but in the school. As a result of this, the general practitioners and health visitors are likely to become much more closely involved with a specific group of children. Because of the intimacy of the environment and the closer relationship between doctor, health visitor, child school and parent, less time and labour will be needed in referring children. Thus whilst placing little if any extra work on the general practitioner, this arrangement should relieve the school medical officers of some of the routine clinical aspects of their work among schoolchildren and enable them to devote more time, in their capacity as assistant medical officers, to the mentally and physically handicapped.

Here we see, in embryo, the ideal pattern which has been envisaged for the future, whereby private practice, local authority medical services and local authority nursing services become so fully integrated that they form virtually one service and make the most efficient use of professional skills.

Whilst some of the mental and physical defects in children may, as a result of this changing pattern, be detected by the general practitioner instead of the school medical officer, this is not true of the assessment of educational needs for these children. There will continue to be a vital need for the school medical officer, who is specially trained to assess the educational needs of each type of handicapped child. Many of the more serious defects require special knowledge and judgement in order that the child may be placed in a school suited to its needs and development. It should be remembered that it is from among these officers that the Principal School Medical Officers of the future have to be provided.

#### **Report of the Principal School Dental Officer.**

During the year there has been a decrease in staff and in the number of clinic surgeries in use, with a consequent reduction of dental inspection and treatment. The average amount of treatment carried out by dental officers and auxiliaries during each session shows a slight rise on previous years. As a still greater number of school children continue to be treated in the General Dental Service, a greater proportion of time has to be devoted to school dental inspections in order to detect those who should be offered treatment in Local Authority clinics. Unfortunately, because many of them lack parental interest and encouragement, their attendance is frequently erratic, with consequent unproductive surgery time, but it is most important to persuade these children to accept the treatment available at clinics.

The tables of inspections and treatments reveal a further improvement in the ratio of permanent teeth filled to permanent teeth extracted, from 6.7:1 in 1965 to 8.1:1 in 1966. There has been a small but welcome rise in the number of pre-school children being brought for treatment. If their teeth can be examined at a sufficiently early stage a minimal amount of treatment, usually readily accepted, will maintain dental health and accustom the children to the sights and sounds of modern dental treatment.



### **School Health Education.**

The Health Education Officer reports that all schools in the County include *some* Health Education in their studies though not necessarily as a specifically named subject. This is possible through the general tendency to relate curriculum work to life and to the social environment where possible. Health studies provide such an outlet since they can be both individual and community orientated.

In the primary school, Health Education often follows the pattern of :—

- (1) Formation of habits in relation to personal hygiene.
- (2) Simple studies of body construction and functions.
- (3) The work of the community in the provision of a healthy environment through the agency of the Social Services.

Increasingly the work of the teacher in school and the Health Visitor or Doctor is being integrated and real team teaching is emerging as a vital force in education.

In the secondary schools, Health Education is both broadened in concept and deepened in treatment so that several specialists whilst teaching their own subjects are, sometimes unwittingly, contributing to the general level of Health Education. Whilst this is excellent, it often lacks sufficient co-ordination to be of maximum effect and a general skeletal guide to the Health Education content of each subject is needed. In view of the widely differing environmental situations of the schools throughout the County, the only successful method of achieving this at present seems to be to devise such guides for individual schools, and this has been done.

In the later years in secondary schools and the further education establishments, a greater interest is being taken in the community. Environmental studies are popular projects, designed to make the student exercise the mental processes which have been built up over the years. Such projects are valuable teaching aids in the provision of local community services and, incidentally, often serve to illustrate the apathy of the general public to health matters until the problem has become acute.

### **Swimming Baths.**

During the year some two-hundred-and-thirty visits were made to school swimming pools. On each occasion tests were made to determine the free chlorine in the water and for the acidity or otherwise. Occasional bacteriological samples were taken when the free chlorine was very low or absent, to give a further check on the water. My staff have been able to give advice generally to the schools with swimming baths on the water treatment and on particular problems as they have arisen. The result has been that the condition and safety of the water has not been in question.

### **Children with Impaired Hearing.**

#### *Pre-School Children.*

There are at present twenty-one pre-school children in the County with hearing losses, or who are under observation being suspected of having hearing losses. Five of these are at the Lillington unit. Parents of the remainder are receiving weekly or fortnightly home or clinic sessions of guidance in language development and auditory training. There have also been occasional Saturday afternoon meetings for these parents.

In the past year it has been noticed that more children have been referred in the younger age ranges, which greatly assists in language development.

#### *Assessment Units.*

##### *(a) Lillington.*

This unit has its full complement of six children who are attending full-time from as wide an area as Rugby, Kineton, Stratford-upon-Avon and Leamington Spa. A Solihull child is attending part-time. Two children with profound hearing loss and no speech benefitted from attendance at the unit to the extent that they were subsequently capable of being admitted to residential schools for partially hearing children.

The permanent Teacher of the Deaf left at the end of the spring term and a temporary teacher is replacing her until July, by when it is hoped that a permanent teacher will be available. A unit such as this, dependent as it is upon one teacher, feels her loss even more than an ordinary school does.

The organisation of the unit has attracted interest in education of the deaf circles, which culminated in the Senior County Teacher of Hearing Impaired Children being invited to read a paper on the class at a conference of teachers of the deaf in London in September, 1966. This resulted in one or two Local Education Authorities requesting permission to see the class before setting up similar units in their own areas.

(b) *Bedworth Heath.*

Provided that a teacher can be found, this class, which will be similar to the Lillington unit, is due to open in September, 1967, and will take children from the Bedworth, Nuneaton and Keresley areas and from the adjoining rural areas. In order to help to relieve the shortage of teachers of the deaf a second centre for training them has been established at the London University Institute of Education.

(c) *Shustoke.*

This unit has its full complement of six children who are attending full-time and drawn from Sutton Coldfield, Marston Green, Water Orton, Whitacre Heath, Exhall and the Kingsbury area. A successful programme leading to maximum integration with the normal school is being conducted. The children in the class are not taught as a whole group but are dealt with individually in small groups. Most of their time is spent in normal classrooms.

Whilst the three units are proving very successful, it will be appreciated how difficult the work is in the County as cases are very wide-spread and this necessitates young children making long journeys daily.

*Children in Ordinary Schools.*

There are known to be 79 children attending normal schools, who have some hearing losses sufficient to warrant some form of special attention in class, not all of them, however, being hearing aid users. The Assistant County Teacher of Hearing Impaired Children has been working out a programme which indicates that at least one teacher is urgently needed in the north-eastern part of the County.

A further one-day course was arranged for teachers who have partially hearing children in their classes. This was attended by some fifty teachers, eight medical officers, one speech therapist, a small group of students and a lecturer from a College of Education, and a head teacher from Coventry. The course was similar in content to that run last year and the visiting speaker was Dr. D. C. M. DALE, Senior Lecturer in Education of the Deaf at the London University Institute of Education.

*Children in Residential Schools for the Deaf and Partially Hearing.*

Contact has been maintained with the homes of deaf children within the County even though certain of them have to attend residential schools, in order that a continuous watch can be made on their progress.

*Testing.*

With the appointment of an assistant teacher, it has been possible to make further progress with an efficient testing service. Children are referred by school medical officers, head teachers, speech therapists, health visitors, psychologists or the Education Department. On failure of this test they are seen by the Senior County Teacher of Hearing Impaired Children for more extensive examination. Whilst most of them only receive an initial screening test, it is important that children thought to be subnormal should have a full screening test. Hearing loss coupled with subnormality can make one of the most difficult assessments of a child's ability.

*Health Visitor Training.*

The courses of training still continue and by the end of the year the first circuit will have been completed, forty-two health visitors having been trained in the techniques of screen tests of hearing for babies and young children.

**Speech Therapy.**

The Senior Speech Therapist reports that, for the first time in six years, there has been a full complement of staff made up as follows :—

- 1 full-time senior speech therapist.
- 4 full-time speech therapists.
- 7 part-time speech therapists.



It was therefore possible to provide a much better service throughout the whole County and this was particularly gratifying in view of the continuing national shortage of speech therapists, which is still affecting neighbouring Midland authorities.

The greatest rise in the number of children treated was in the two areas which had been the most adversely affected by staff shortage in the previous year—Atherstone/Bedworth Area and the North-Western Area. The number of attendances of children at clinics in the whole country increased by 1,889.

Speech therapy with pre-school children is increasing yearly, and in 1966 this group represented 151 of the 945 children treated. They are referred by medical officers from infant welfare clinics and toddler clinics, generally because of retarded speech and language development. After the speech therapist has seen them and taken a full history, advice is given to the mother on how to stimulate language and a report on findings sent to the Area Medical Officer.

Most of the children who subsequently attend the speech therapy clinic regularly attend in small groups of up to six children, and therapy takes the form of language and speech stimulation through play. This also affords the speech therapist the opportunity to observe a child over a longer period of time, and her observations can be of help where a diagnosis is uncertain, e.g. differential diagnosis of mental retardation, aphasia, some other specific language difficulty or a speech difficulty psychogenically based. The child's progress is discussed with the mother and suggestions given for follow-up work at home. The therapist may also advise on suitable toys and books for these young children, which parents have found particularly helpful at Christmas time. It is not considered desirable or necessary to treat children for individual consonant difficulties at this age. After completion of the first term at school, without therapy, however, the case is reviewed. If necessary the child then has a further period of therapy to overcome any residual consonant difficulties.

In 1966, 327 sessions were worked in special schools, as against 240 in 1965. Only 7 of the 106 children receiving speech therapy became suitable for discharge, thus demonstrating again that unless speech therapy is very frequent (at least twice weekly) results are disappointing. Although three special schools had a speech therapist visiting on two days a week, the numbers requiring therapy are now so great that only two children out of 73 can be seen twice weekly.

G. H. TAYLOR, M.D., D.P.H.,  
Principal School Medical Officer.

Shire Hall,  
Warwick.

# STAFF OF THE SCHOOL HEALTH SERVICE.

(At time of going to Press).

<b>Principal School Medical Officer</b> .. ..		Dr. G. H. TAYLOR.
<b>Deputy Principal School Medical Officer</b> ..		Dr. C. M. D. EDMONDS.
	<i>Medical Officer.</i>	<i>School Medical Officers.</i>
*Sutton Coldfield M.B.	Dr. J. R. PRESTON.	Dr. ISOBEL M. S. NICHOLLS. Dr. M. C. T. WILKES. 1 Vacancy
*Nuneaton M.B.	Dr. G. DISON.	Dr. N. S. TURNBULL. Dr. GWENDOLEN K. G. COOTE.
Atherstone/Bedworth Area.	Dr. E. M. HUGHES.	Dr. B. C. BARDALAI. Dr. R. G. DAWSON. 1 Vacancy
Eastern Area.	Dr. D. J. JONES.	Dr. MARGARET STEANE. Dr. M. H. J. MARTIN. † Dr. JEAN M. FELCE
North-Western Area.	Dr. J. E. PEARSON.	Dr. LUCY M. ELLIS. Dr. G. C. B. HAWES.
Central Area.	Dr. F. D. M. LIVINGSTONE.	Dr. MYRTLE V. RICHARDS. Dr. JEANNE C. ADDENBROOKE. Dr. D. SUTCLIFFE WILLIAMS.
Southern Area.	Dr. J. B. BRAMWELL.	Dr. A. L. KIRKLAND. 1 Vacancy

\* Borough Councils with delegated powers for health and 'excepted' districts for education.

† Not entirely based in the area. Attending D.P.H. course—Dr. J. F. SANSOME.

## Principal School Dental Officer.

Mr. H. J. BASTOW.

## School Dental Officers.

Sutton Coldfield M.B. .. .. Mr. N. G. EVANS.  
Nuneaton M.B. .. .. Mr. J. HITCHCOCK.  
Atherstone/Bedworth Area .. .. —  
Eastern Area .. .. —  
North-Western Area .. .. Mr. W. DOUGLAS.  
Central Area .. .. Mr. E. N. O'REILLY.  
Southern Area .. .. Miss M. M. STOCKER.  
There are in addition a number of part-time dental officers.

## Dental Auxiliaries.

Nuneaton M.B. .. .. Mrs. B. C. PARNELL.  
North-Western Area .. .. Miss L. C. MURPHY.

## Nursing Staff.

*Superintendent Nursing Officer.*  
Miss V. E. BEESTON.

*Deputy Superintendent Nursing Officer.*  
Miss M. J. HEDGES.

There are 2 Borough Nursing Officers, 5 Area Nursing Officers, 2 Deputy Borough Nursing Officers and 2 Deputy Area Nursing Officers. School Nursing is carried out by 86 health visitors, and 11 district nurse/midwife/health visitors who combine school nursing with other duties.

**Senior Speech Therapist.**

Mrs. J. BECKETT.

**Speech Therapists.**

Miss M. E. BROMLEY.

Mrs. S. PRICE.

Mrs. R. SAGE.

Mrs. G. ERREY.

Mrs. G. GOODRIDGE.

Mrs. M. GOUGH.

Mrs. R. W. JENKINS.

Mrs. P. D. NORMAN.

Mrs. K. M. SENIOR.

} Whole-time.  
}  
} Part-time.

**Physiotherapists.**

Miss N. GRISBROOK.

Mrs. E. G. MASON.

Mrs. C. M. WILLIAMS, Part-time.

**Health Education Officer.**

Mr. T. T. PAYNE.

**Child Guidance :**

**Child Psychiatrist—**

Dr. P. J. CROWLEY.

**Educational Psychologists—**

Mr. R. FAWCETT.

Mr. J. R. ROBERTS.

Mr. J. L. PRESLAND.

Mrs. P. HARDING.

Part-time.

**Teachers of Children with**

**Impaired Hearing—**

Mr. B. C. FRASER.

Mr. J. HENDERSON.

**TABLE 1. NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY EACH YEAR.**

	<i>Year.</i>		<i>Nursery.</i>		<i>Primary and Secondary.</i>		<i>Special.</i>		<i>Total.</i>
Including Solihull	1950	..	373	..	60,682	..	84	..	61,139
	1960	..	346	..	90,526	..	811	..	91,683
	1963	..	348	..	97,324	..	884	..	98,556
Excluding Solihull	1963	..	348	..	83,525	..	834	..	84,707
	1964	..	352	..	86,659	..	953	..	87,964
Excluding trans. to Coventry & Staffordshire	1964	..	352	..	84,494	..	953	..	85,799
	1965	..	358	..	86,314	..	959	..	87,631
	1966	..	377	..	87,836	..	1,044	..	89,257

**TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1966, EXCLUDING SPECIAL SCHOOLS**

		<i>Nursery Schools.</i>		<i>Primary.</i>		<i>Secondary.</i>		<i>Total Schools.</i>	<i>Total Children.</i>
		<i>Schools.</i>	<i>Children.</i>	<i>Schools.</i>	<i>Children.</i>	<i>Schools.</i>	<i>Children.</i>		
Sutton Coldfield M.B.	..	—	—	24	7,775	9	4,923	33	12,698
Nuneaton M.B.	.. ..	2	80	23	5,462	9	4,019	34	9,561
Atherstone/Bedworth Area..		3	141	41	8,236	8	5,470	52	13,847
Eastern Area	.. ..	—	—	45	7,596	11	4,859	56	12,455
North-Western Area	..	—	—	32	6,612	9	3,588	41	10,200
Central Area	.. ..	3	156	71	11,623	13	6,816	87	18,595
Southern Area	.. ..	—	—	67	6,424	11	4,433	78	10,857
TOTAL	.. ..	8	377	303	53,728	70	34,108	381	88,213



**TABLE 3.           NUMBER OF INDIVIDUAL CHILDREN FOUND TO  
REQUIRE TREATMENT (excluding Special Schools) AT PERIODIC  
MEDICAL EXAMINATIONS.**

Age group.	Number examined.	Children found to require treatment.		
		For defective vision (excl. squint)	For other * conditions.	Total number of children
Entrants ..    ..    ..    ..	8,571	227	387	587
Second age group   ..   ..	4,696	205	130	329
Third age group     ..   ..	5,006	128	69	195
8 Year vision    ..    ..    ..	5,678	233	8	241
Vision—other ages   ..   ..	2,275	67	—	67
TOTAL        ..	26,226	860	594	1,419

\* Does not include dental diseases and infestations with vermin.

**TABLE 4.           TYPE OF DEFECT FOUND AT SCHOOL  
MEDICAL EXAMINATIONS. (excluding Special Schools).**

Defect.	Periodic Medical Examinations. Number 26,226.		Special Medical Examinations. Number 2,757.	
	Defects requiring treatment.	Possible Defects requiring observation.	Defects requiring treatment.	Possible Defects requiring observation.
Eyes..        ..    ..    ..    ..	923	2,624	153	281
Orthopaedic    ..    ..    ..	113	1,472	26	149
Nose and Throat    ..    ..	113	1,467	37	207
Skin         ..    ..    ..    ..	29	446	13	56
Ears         ..    ..    ..    ..	109	843	38	98
Lungs        ..    ..    ..    ..	5	459	3	67
Speech       ..    ..    ..    ..	39	264	9	36
Developmental   ..    ..    ..	59	498	17	65
Lymphatic Glands   ..    ..	3	141	2	19
Psychological    ..    ..    ..	37	439	22	89
Nervous System   ..    ..    ..	13	144	4	30
Heart         ..    ..    ..    ..	13	414	5	48
Abdomen       ..    ..    ..    ..	9	131	4	19
Other         ..    ..    ..    ..	20	400	10	70
TOTALS        ..	1,485	9,742	343	1,234

TABLE 5.

OPHTHALMIC SERVICES.  
OPHTHALMIC PART-TIME STAFF AND ATTENDANCES AT EYE CLINICS.

	OPHTHALMIC PART-TIME STAFF.	No. of sessions.		CLINIC.	WHEN HELD.	No. of individual children seen during 1966.		Total attendances made by these children.	No. prescribed spectacles in 1966.		No. referred for Orthoptic Treatment.	Total cases on Register. 31/12/66
		1966	1965			New cases.	Other.		New cases.	Other.		
SUTTON COLDFIELD M.B.	Dr. E. J. McCABE Dr. C. LONGMORE	45 42	45 42	9, Holland Street, Sutton Coldfield	Tuesday p.m. Wednesday a.m.	216	373	661	111	138	—	1,241
Nuneaton M.B.	Mr. F. H. BUDDEN Mrs. M. C. HANDSCOMBE Mrs. P. M. CARPENTER	5 46 10	12 55 2	Riversley Park Clinic, Nuneaton	Wednesday a.m., Friday a.m. (as required)	175	503	678	107	250	58	927
ATHERSTONE/ BEDWORTH AREA.	Dr. M. KEMP Mrs. M. C. HANDSCOMBE	8 35	26 23	Health Clinic, Atherstone Health Clinic, Bedworth Nurses Home, Polesworth	Any day, a.m. or p.m. (as required) Saturday a.m. Friday p.m. (monthly) ceased April, 1966	43 69 5	83 147 13	126 216 18	26 35 4	38 71 7	11 11 1	214 310 69
EASTERN AREA.	Dr. H. RILEY Mr. T. J. P. KERWICK	79 46	62 46	First Aid Post, Rugby	TOTAL Wednesday a.m. (1st, 2nd, 3rd & 5th in month) Wednesday p.m. (1st & 3rd in month) Friday a.m.	117	243	360	65	116	23	593
NORTH-WESTERN AREA.	Dr. H. RILEY	107	104	Ambulance Hall, Arley Area Health Office, Coleshill St. Peter's Church Hall, Balsall Common Village Hall, Meriden	Last Tuesday a.m. (monthly) Tuesday p.m., Thursday a.m. Last Wednesday a.m. (alternate months) TOTAL	15 185 25 225	6 330 23 359	26 832 55 913	— 19 1 20	1 105 5 111	— 1 — 1	23 450 70 543
CENTRAL AREA.	Mr. M. W. SMITH	113	113	62, Holly Walk, Leamington Spa  Health Clinic, Lillington Brunswick Clinic, Leamington Spa Cape Road Clinic, Warwick Health Centre, Kenilworth	Monday a.m. (1st, 2nd & 3rd in month) (as required) Tuesday p.m. (2nd & 4th in month) (as required) Thursday a.m. (2nd & 4th in month) Monday a.m. (1st & 3rd in month) (as required) Thursday a.m. (1st & 3rd in month) Monday a.m. (4th in month) TOTAL	129 75 95 78 49 426	364 218 258 303 98 1,241	505 299 362 384 149 1,699	94 57 63 57 34 305	155 86 128 120 31 520	43 11 49 25 18 146	529 283 362 378 180 1,732
SOUTHERN AREA.	Mr. F. H. BUDDEN Mr. M. W. SMITH	10 40	10 43	Health Clinic, Stratford-upon-Avon	Saturday a.m. (as required) Friday a.m.	227	629	876	170	325	87	754
		586			GRAND TOTAL	1,549	4,219	6,221	815	1,550	325	6,575
			583		1965 TOTAL	1,605	4,103	6,090	874	1,477	313	6,266

TABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	Number of children seen during 1966.	Total attendances made by these children.	Degree of cure on discharge.		No. ceasing to attend or unsuitable.	No. still on treatment 31st Dec., 1966.
			Full binocular vision.	Partial binocular vision or cosmetic improvement.		
Cases carried over from 1965 ..	213	1,023	41	28	39	105
Cases referred in 1966 .. ..	247	744	35	12	49	151
TOTAL ..	460	1,767	76	40	88	256

TABLE 7.

ORTHOPAEDIC SERVICE.  
AFTER CARE CLINICS.

	Clinic.	When held.	Physiotherapists.
SUTTON COLDFIELD M.B.	49, Holland Street.	Tuesday p.m. Thursday p.m.	Mrs. C. M. WILLIAMS.
NUNEATON M.B. .. ..	Riversley Park Clinic.	Monday a.m. Tuesday p.m. Friday p.m.	Sisters from Coleshill Orthopaedic Hospital.
ATHERSTONE/BEDWORTH AREA.	Atherstone Health Clinic.	Tuesday p.m.	Sisters from Coleshill Orthopaedic Hospital.
	Exhall Grange School.	As required.	Miss N. GRISBROOK.
CENTRAL AREA .. ..	Kenilworth Health Clinic. Brunswick Health Clinic, Leamington Spa. Lillington Health Clinic. Southam Child Welfare Clinic.  Warwick Health Clinic, Cape Road, Warwick.	Monday p.m. Tuesday a.m.  Thursday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	Mrs. E. G. MASON.
SOUTHERN AREA. .. ..	Stratford Health Clinic.	Thursday a.m.	
			Sisters from Coleshill Orthopaedic Hospital.



TABLE 8.

ORTHOPAEDIC SERVICE.  
HOSPITAL CLINICS.

	<i>Address of Clinic.</i>	<i>When held.</i>	<i>Surgeon.</i>	<i>Physiotherapists.</i>
SUTTON COLDFIELD M.B.	Sutton Coldfield Hospital.	Friday a.m. (except 5th Friday in month).	Mr. W. H. SCRASE.	R.H.B.
NUNEATON M.B.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton.	Friday p.m. (last in month). Thursday, p.m. Tuesday and Friday, p.m.	Mr. J. H. PENROSE. Mr. T. SERGEANT. Mr. S. L. PATON.	Sisters from Coleshill Orthopaedic Hospital. R.H.B. R.H.B.
ATHERSTONE/ BEDWORTH AREA.	Exhall Grange School Clinic.	By arrangement.	Mr. J. H. PENROSE.	Miss N. GRISBROOK.
EASTERN AREA.	Hospital of St. Cross, Rugby.	Monday, a.m.	Mr. I. K. SHARP.	R.H.B.
NORTH-WESTERN AREA.	Orthopaedic Hospital, Coleshill.	Monday (once every 3 months).	Mr. F. G. ALLAN. Mr. A. INNES.	Sisters from Coleshill Orthopaedic Hospital.
CENTRAL AREA.	Health Clinic, Crown Way, Lillington, Leamington Spa. Health Clinic, Cape Road, Warwick.	Monday, a.m. (alt. weeks). Friday, a.m. (1st and 3rd in month).	Mr. E. J. GALLAGHER.	Mrs. E. G. MASON.
SOUTHERN AREA.	The Hospital, Stratford-upon-Avon.	Tuesday, a.m. (alt. weeks). Tuesday, p.m. (weekly) Friday, a.m. (2nd and 4th in month).	Mr. R. F. N. DUKE. Mr. E. J. GALLAGHER.	Sisters from Coleshill Orthopaedic Hospital.
BIRMINGHAM.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
COVENTRY.	Coventry and Warwickshire Hospital, Stoney Stanton Road.	Monday, p.m.	Mr. J. H. PENROSE.	R.H.B.
REDDITCH.	Smallwood Hospital, Redditch.	Tuesday, a.m.	Mr. J. A. JAMES.	R.H.B.
SOLIHULL.	Solihull Hospital.	Wednesday, p.m.	Mr. W. H. SCRASE.	R.H.B.
TAMWORTH.	College Lane School Rooms, Tamworth.	Tuesday, a.m. (last in month).	Mr. A. INNES.	Sisters from Coleshill Orthopaedic Hospital.

All surgeons are employed by the Regional Hospital Board.

TABLE 9.

SPEECH THERAPY.  
CLINICS.

	<i>Clinic.</i>	<i>Address.</i>	<i>When held.</i>	
SUTTON COLDFIELD M.B.	Sutton Coldfield St. Nicholas	49 Holland Street Upper Clifton Road	Wednesday	9 a.m.—12 noon
			Monday	1.30 p.m.—4.30 p.m.
			Tuesday	9 a.m.—12 noon
	Mere Green Boldmere Falcon Lodge	Health Clinic Health Clinic Health Clinic		1.30 p.m.—4.30 p.m.
			Tuesday	1.30 p.m.—4.30 p.m.
			Wednesday	1.30 p.m.—4.30 p.m.
			Tuesday	9 a.m.—12 noon
			Wednesday	9 a.m.—12 noon
NUNEATON M.B.	Nuneaton	Riversley Park Clinic	Wednesday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
			Thursday	9.30 a.m.—12.30 p.m.
		Red Deeps Special School		1.30 p.m.—4. 30p.m.
			Tuesday	9.30 a.m.—12.30 p.m.
			Thursday	9.30 a.m.—12.30 p.m.
ATHERSTONE & BEDWORTH AREA	Bedworth	Health Clinic	Thursday	9.30 a.m.—12.30 p.m.
	Exhall Grange	Special School	Friday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
			Tuesday	1.45 p.m.—4.45 p.m.
	Keresley Atherstone	Schools Health Clinic	Wednesday	9.45 a.m.—12.45 p.m.
				1.45 p.m.—4.45 p.m.
			Thursday	1.30 p.m.—4.30 p.m.
	Sparrowdale	Special School	Monday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
			Tuesday	9.30 a.m.—12.30 p.m.
	Polesworth Dordon Hurley	} Schools School		1.30 p.m.—4.30 p.m.
			Wednesday	9.30 a.m.—12.30 p.m.
EASTERN AREA	Rugby	Temple Street	Wednesday	1.30 p.m.—4.30 p.m.
			Monday	9.30 a.m.—12 noon
	Hillmorton Bilton	Health Clinic Health Clinic		1.30 p.m.—4.30 p.m.
			Thursday	9.30 a.m.—12.30 p.m.
			Friday	9.30 a.m.—12.30 p.m.
	Tyntesfield	Special School		1.30 p.m.—4.30 p.m.
			Thursday	1.30 p.m.—4.30 p.m.
NORTH-WESTERN AREA	Coleshill	Health Clinic	Monday	9.30 a.m.—12.30 p.m.
	Castle Bromwich Kingshurst Balsall Common Shustoke	Health Clinic Health Clinic Schools School	Friday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
			Thursday	9.30 a.m.—12.30 p.m.
			Thursday	1.30 p.m.—3.40 p.m.
			Monday	1.30 p.m.—4.30 p.m.
			Thursday	1.30 p.m.—4.30 p.m.
	Arley	Schools		(Alternate weeks)
			Monday	9.30 a.m.—12.30 p.m.
CENTRAL AREA	Leamington Spa	62 Holly Walk	Monday	9.30 a.m.—12.30 p.m.
	Brunswick Street	Health Clinic		1.30 p.m.—4.30 p.m.
			Friday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Lillington	Health Clinic	Wednesday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
			Friday	9.30 a.m.—12.30 p.m.
	Kenilworth Warwick	Health Clinic Health Clinic	Friday	9.30 a.m.—12.30 p.m.
			Tuesday	9 a.m.—12 noon
				1.30 p.m.—4.30 p.m.
	St. Michaels	Special School	Tuesday	9.30 a.m.—12.30 p.m.
	Packwood	Special School	Friday	9.30 a.m.—12.30 p.m.
	Southam	Welfare Hut	Wednesday	9.30 a.m.—12.30 p.m.
	Long Itchington	School	Monday	9.30 a.m.—12.30 p.m.
SOUTHERN AREA	Stratford-on-Avon	Health Clinic	Wednesday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
			Friday	9.30 a.m.—12.30 p.m.
	Alcester	Schools		1.30 p.m.—4.30 p.m.
			Monday	11 a.m.—12.30 p.m.
				2 p.m.—3.30 p.m.
	Studley	Health Clinic (2 Clinics)	Tuesday	1.30 p.m.—4.30 p.m.
	Henley-in-Arden	School	Wednesday	1.30 p.m.—4.30 p.m.
	Salford Dunnington	School	Thursday	9.30 a.m.—10.45 a.m.
	Bidford-on-Avon	Schools	Thursday	11 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.

TABLE 10. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	<i>Sutton Coldfield M.B.</i>	<i>Nun- eaton M.B.</i>	<i>Ather- stone/ B' worth Area.</i>	<i>Eastern Area.</i>	<i>North- Western Area.</i>	<i>Central Area.</i>	<i>Southern Area.</i>	<i>Special Schools.</i>	<i>1966 Totals.</i>	<i>1965 Totals.</i>
No. of sessions ..	327	150	282	106	253	288	268	327	2,001	1,558
Children attending at 1st January, 1966..	21	16	38	12	11	59	39	64	260	331
First attendances in 1966.. ..	81	35	72	35	52	97	71	24	467	382
Children recalled during 1966 having been under observation in a previous year ..	38	13	14	12	44	53	26	18	218	217
Children treated during 1966 Total	140	64	124	59	107	209	136	106	945	930
Total attendances ..	1,447	758	1,193	563	1,223	1,340	1,360	1,984	9,868	7,979
Discharged in 1966 :—										
(a) Treatment com- pleted ..	52	14	16	4	35	35	22	7	185	266
(b) Ceased attend- ing .. ..	5	6	11	3	7	20	11	7	70	86
Placed under observation	44	17	28	25	43	70	19	12	258	237

TABLE 11. DEATHS OF SCHOOL CHILDREN AGED 5-14 INCLUSIVE.

<i>Cause of Death.</i>	1961	1965	1966
Infectious diseases .. ..	2	—	2
Malignant diseases .. ..	7	3	6
Non-tuberculous respiratory diseases..	2	2	2
Gastritis/Gastro-enteritis .. ..	1	—	—
Nephritis/Nephrosis .. ..	—	1	—
Congenital malformations .. ..	—	—	1
Other defined and ill-defined diseases..	6	4	4
Motor vehicle accidents .. ..	4	10	10
Other accidents .. ..	7	2	3
Homicide .. ..	1	—	—
Total .. ..	30	22	28
Estimated mid-year population, 5–14 inc. (inc. Solihull)	96,200	83,800	85,600



TABLE 12.

DENTAL SERVICE.

STAFF AND CLINICS.

At 31st December, 1966.

	Surgeries in use.		Dental Officers.		Dental Auxiliary.	Available Sessions per week.
	Fixed.	Mobile.	Whole-time.	Part-time.	Whole-time.	
Sutton Coldfield M.B. .. ..	4	—	1	5	—	31
Nuneaton M.B. .. ..	2	1	1	2	1	27
Atherstone/Bedworth Area ..	3	1	—	1	—	8†
Eastern Area .. ..	3*	—	—	4	—	14
North-Western Area .. ..	2	2	1	3	1	29
Central Area .. ..	5*	1	2	7	—	37†
Southern Area .. ..	1	—	1	—	—	10
TOTAL .. ..	20	5	6	22	2	156

\* Includes two surgeries in same building.

† Includes two twin surgery units.

TABLE 13.

DENTAL SERVICE.

INSPECTIONS.

SCHOOL CHILDREN.

	Number of Inspection Sessions.	First Inspection at School	First Inspection at Clinic.	Number of (A) & (B) Found to Require Treatment.	Number of (A) & (B) Offered Treatment.	Pupils Re-inspected at School and Clinic.	Number of (E) Found to Require Treatment.
		A	B	C	D	E	
Sutton Coldfield M.B.	144.1	5,183	1,384	3,885	3,083	114	101
Nuneaton M.B. ..	80.8	2,486	824	2,442	2,249	91	68
Atherstone/Bedworth Area ..	55.2	2,179	353	1,718	1,373	186	86
Eastern Area .. ..	37.9	1,453	1,334	2,107	2,107	144	110
North-Western Area ..	83.7	3,408	1,048	2,704	2,483	315	188
Central Area .. ..	167.0	10,142	1,108	6,419	5,573	455	289
Southern Area ..	60.9	2,556	454	2,216	1,591	301	261
COUNTY TOTAL 1966 ..	629.6	27,407	6,505	21,491	18,459	1,606	1,103
COUNTY TOTAL 1965 ..	635.5	32,055	6,279	27,397	22,816	1,188	836

TABLE 14.

**DENTAL SERVICE.**  
**TREATMENTS FOR SCHOOL CHILDREN.**

	<i>Sutton Coldfield M.B.</i>	<i>Nuneaton M.B.</i>	<i>Atherstone/ Bedworth Area.</i>	<i>Eastern Area.</i>	<i>North- Western Area.</i>	<i>Central Area.</i>	<i>Southern Area.</i>	<i>Total 1966</i>	<i>Total 1965</i>
Treatment Sessions .. ..	1252.9	930.1	452.6	553.2	862.0	1685.9	837.8	6574.5	7206.9
First Visits .. ..	2,283	1,461	892	1,352	1,485	3,421	1,129	12,023	13,562
Subsequent Visits .. ..	4,049	4,625	1,908	1,708	2,714	5,859	3,765	24,628	25,095
Total Visits .. ..	6,332	6,086	2,800	3,060	4,199	9,280	4,894	36,651	38,657
Additional courses of treat- ment commenced .. ..	330	39	35	93	164	412	146	1,219	1,069
Courses completed .. ..	1,897	1,048	766	853	1,462	2,872	1,106	10,004	10,998
Permanent teeth filled ..	3,502	3,698	2,054	1,819	2,666	4,841	2,721	21,301	21,390
Deciduous teeth filled ..	781	527	88	702	899	2,260	1,386	6,643	7,481
Teeth otherwise conserved ..	1,039	159	55	86	626	779	339	3,083	5,334
Permanent teeth extracted ..	426	366	300	365	249	573	341	2,620	3,182
Deciduous teeth extracted ..	1,460	1,200	430	966	1,048	1,506	940	7,550	7,323
General anaesthetics ..	780	302	208	687	433	454	216	3,080	3,183
Orthodontic appliances supplied .. ..	123	28	21	13	12	72	55	324	277
Dentures supplied .. ..	7	15	15	4	4	25	7	77	67

TABLE 15.

REGISTERED HANDICAPPED PUPILS, 1966.

		Year of Ascertainment.				DISPOSAL.															
		Before 1966				RECOMMENDED SPECIAL SCHOOL.															
						IN SPECIAL SCHOOL, 31/12/66.				Parents refuse consent.				On waiting list for particular school.				Under investigation or on general waiting list.			
						Warwickshire.				Non-Warwickshire.				Total.				Recommend- ed special class in ordinary school.			
						M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
A. Blind .. ..	..	5	5	—	—	—	—	4	3	7	—	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted ..	..	41	19	4	—	26	8	2	5	41	1	2	1	3	1	—	—	—	—	7	2
C. Deaf .. ..	..	10	3	—	1	—	—	9	3	12	—	—	—	1	—	—	—	—	—	—	—
D. Partially Deaf ..	..	37	30	8	6	7	4	15	12	38	2	—	1	3	4	—	—	—	—	18	15
E. Educationally Sub-Normal ..	..	532	317	132	86	355	231	83	37	706	30	63	29	63	51	18	14	—	—	41	27
F. Epileptic .. ..	..	13	6	4	1	—	—	2	2	4	—	—	—	—	1	—	—	—	—	14	3
G. Maladjusted .. ..	..	47	12	10	4	34	—	6	6	46	3	4	3	2	2	—	—	—	—	8	5
H. Physically Handicapped	..	135	95	31	26	9	4	45	28	86	—	5	1	4	3	—	—	—	—	76	67
I. Speech Defects ..	..	4	1	—	2	—	—	2	—	2	—	—	1	—	—	—	1	—	—	2	1
J. Delicate .. ..	..	51	33	8	8	—	1	8	11	20	4	2	—	2	1	—	—	—	—	42	26
TOTALS .. ..	..	875	521	197	134	431	248	176	107	962	41	77	36	78	63	18	15	10	208	146	32
																					17



TABLE 16.

NUMBER OF REGISTERED HANDICAPPED PUPILS IN EACH AREA.  
at 31st December, 1966.

	Sutton Coldfield M.B.	Nuneaton M.B.	Atherstone/ Bedworth Area.	Eastern Area.	North- Western Area.	Central Area.	Southern Area.	Total 1966	Total 1965	Total 1964
	1966	1966	1966	1966	1966	1966	1966	1966	Total	Total
Number of school children (excluding nursery school and special school children).	12,698	9,481	13,706	12,455	10,200	18,439	10,857	87,836	86,314	86,384
CATEGORY.	1966	1966	1966	1966	1966	1966	1966	1966	Total	Total
Blind .. ..	1	—	1	1	2	—	2	—	10	9
Partially Sighted .. ..	1	1	7	11	7	—	10	4	64	69
Deaf .. ..	4	—	1	4	—	—	3	1	14	17
Partially Deaf .. ..	4	2	17	9	15	1	6	14	81	76
Educationally Sub-normal	12	26	37	32	30	66	15	218	1,067	965
Epileptic .. ..	—	3	7	2	1	1	—	5	24	29
Maladjusted .. ..	2	—	1	2	1	8	—	14	73	67
Physically Handicapped	6	4	57	17	30	21	1	57	286	260
Speech .. ..	—	—	—	2	—	1	1	2	7	6
Delicate .. ..	3	2	15	1	3	4	—	16	100	122
TOTAL .. ..	24	38	56	46	46	102	19	331	1,726	1,620
Recorded as unsuitable for education under Section 57 of the Education Act ..	—	14	5	12	5	16	5	57	324	322

TABLE 17. WARWICKSHIRE SPECIAL SCHOOLS.

School.	Type.	Residential accommo- dation.	Age range.	On roll Christmas Term, 1966.			
				Warwickshire children.		Children from other Authorities.	
				Day.	Res.	Day.	Res.
Exhall Grange	(a) Physically handi- capped, mixed ..	300	(a) Seniors	—	13	—	26
	(b) Partially sighted, mixed .. ..		(b) All ages	—	33	—	225
River House	Maladjusted boys ..	55	8—16	—	36	—	13
Nuneaton, Red Deeps	Educationally subnor- mal, mixed, day ..	—	5—16	*197	—	4	—
Packwood	Educationally subnor- mal boys .. ..	60	10—16	—	47	—	10
Tyntesfield	Educationally subnor- mal mixed, res. and day .. ..	40	9—16	47	26	—	1
Warwick, St. Michael's	Educationally subnor- mal, mixed, day ..	—	5—16	*171	—	2	—
Grendon, Sparrowdale	Educationally subnor- mal, mixed, day ..	—	5—16	†109	—	14	—
	TOTAL ..	455	—	524	155	20	275

\*includes up to 10 in Diagnostic Unit. (attending full-time)  
† " " " " " " " ( " two days a week)

TABLE 18. CHILD GUIDANCE.  
Number of Children attending Clinics.

	1966		
	New Cases.	Old Cases.	Total.
Local Authority Clinics .. ..	162	403	565
Hospital Clinics .. .. .	82	294	376
Total .. ..	244	697	941

TABLE 19.

CHILDREN AND YOUNG PERSONS ACT, 1933.

No. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF CHILDREN BYELAWS.

	<i>Number of children examined.</i>	<i>Number granted certificates.</i>	<i>Number refused certificates.</i>
Sutton Coldfield M.B. ..	181	181	—
Nuneaton M.B. .. ..	165	162	3
Atherstone/Bedworth Area .. .. .	198	197	1
Eastern Area .. ..	433	432	1
North-Western Area ..	82	81	1
Central Area .. ..	258	258	—
Southern Area .. ..	233	233	—
Total 1966 ..	1,550	1,544	6
Total 1965 ..	1,339	1,334	5

TABLE 20.

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1966 was 60,118. Comparison with previous years is given below :—

	<i>Year.</i>					<i>Average no. of meals provided daily in schools.</i>
Including Solihull	1956	..	..	..	..	35,852
	1957	..	..	..	..	35,793
	1958	..	..	..	..	41,361
	1959	..	..	..	..	44,399
	1960	..	..	..	..	49,012
	1961	..	..	..	..	52,889
	1962	..	..	..	..	56,078
Excluding Solihull	1963	..	..	..	..	60,173
	1963	..	..	..	..	51,189
	1964	..	..	..	..	54,944
	1965	..	..	..	..	55,489
	1966	..	..	..	..	60,118

The figure for 1966 represents approximately 70.3 % of the children in attendance.

An average daily number of 67,889 children received milk in schools ; this represents 79.16 % of the children in attendance.